

**Consulate General of the State of Kuwait
Kuwait Cultural Office
Los Angeles**



**القنصلية العامة لدولة الكويت
المكتب الثقافي الكويتي
لوس أنجلوس**

STUDY PLAN

Please complete the form beginning with the _____ term and continuing through each term until the expected date of graduation. List by semester/quarter the coursework needed to complete degree requirements **(BY NUMBER, NAME & NUMBER OF CREDITS)**.

Date: _____

In signing below, I acknowledge that these are the required courses within my degree program which I must successfully complete in order to earn my undergraduate degree and that I am expected to follow the guideline listed in my study plan below.

Student Name:

ID#

Student Signature:

Major:

School:

Minimum GPA Required Major/Program:

Total Number of Credits Required:

Prospective Date of Graduation:

Advanced Standing/Transfer Credits:

(Please print)

University/ Program Advisor:

University Advisor's Email:

University Advisor's Telephone:

University Advisor's Signature:

PROJECTED COURSE OF STUDY

Term:	Year:
Course	Credit

Term:	Year:
Course	Credit

Term:	Year:
Course	Credit

Term:	Year:
Course	Credit

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Term:	Year:
Course	Credit

Term:	Year:
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Course	Credit

Term:	Year:
Course	Credit